## 2001 California Adjustments —Residents

**CA (540)** 

Imp	portant: Attach this schedule directly behind Form 540, Side 2.							
Nam	e(s) as shown on return			Sc	ocial security number	er		_
							<u>†                                     </u>	
Paı	t I Income Adjustment Schedule			A	В		C	
Sec	tion A –Income			Federal Amounts (taxable amounts from your federal return)	Subtractions See instruction		Additions See instructions	
7	Wages, salaries, tips, etc. See instructions before making an entry in colum	nn B or C	7					
8	Taxable interest income		8					
9	Ordinary dividends		9					
10	State tax refund. Enter the same amount in column A and column B		10				<i>\////////////////////////////////////</i>	$\mathbb{Z}$
11	Alimony received		11				<u> </u>	
12	Business income or (loss)		12					
13	Capital gain or (loss)		13 _					
14	Other gains or (losses)		14 _					
15	Total IRA distributions. See instructions. (a)		(b) _					
16	Total pensions and annuities. See instructions. (a)		(b) _					
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc		17 _					
18	Farm income or (loss)		18 _					
19	Unemployment compensation. Enter the same amount in column A and col	lumn B	19 _					4
20	Social security benefits (a)		(b) _					4
21	Other income.				/ a		a ////////	4,
	<b>a</b> California lottery winnings <b>e</b> NOL from FTB 3805D, 3805	5Z,			b ///////	,,,,	, b	Z.
	<b>b</b> Disaster loss carryover from FTB 3805V 3806, 3807, or 3809		21 _		_ <b>]</b> c <i>]//////</i>		1 c	77.
	<b>c</b> Federal NOL (Form 1040, line 21) <b>f</b> Other (describe)				d		d	4,
	d NOL carryover from FTB 3805V				e		e ///////	Z
•	T-1-1 0 11 11 711 11 01 1 1 1 1 1 1 1 1 1 1				\f		<u>  f</u>	_
22	<b>Total.</b> Combine line 7 through line 21 in column A. Add line 7 through line						1	
<u></u>	column B and column C. Go to Section B		22 _		_			_
23	tion B -Adjustments to Income IRA deduction		22		V////////	7///	X/////////////////////////////////////	7,
24	Student loan interest deduction					HH.	<del>}////////////////////////////////////</del>	#
25	Medical savings account deduction					H),		#
26	Moving expenses.					////		H
27	One-half of self-employment tax					///	<del>\////////////////////////////////////</del>	#
28	Self-employed health insurance deduction					<i>7//,</i>	<i>X////////////////////////////////////</i>	77.
29	Keogh and self-employed SEP and SIMPLE plans							7)
30	Penalty on early withdrawal of savings		_			///	<i>\$////////////////////////////////////</i>	7
	Alimony paid. <b>(b)</b> Recipient's: SSN					///	<i>*************************************</i>	
	Last name		1a				1	
32	Add line 23 through line 31a in columns A, B, and C							
33	Total. Subtract line 32 from line 22 in columns A, B, and C. See the instruc	ctions						
	for how to transfer the total to Form 540		33 _					
Pai	t II Adjustments to Federal Itemized Deductions							
35	Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040							
36	Enter total of federal Sch. A, line 5 (state and local income tax <b>and</b> State Disal							
37	Subtract line 36 from line 35							
38	Other adjustments including California lottery losses. See instructions. Spec							
39	Combine line 37 and line 38					39		
40	Is the amount on Form 540, line 13 more than the Is the amount y							
	<b>amount shown below for your filing status?</b> Single or married filing separate \$130,831 Single or married filing separate			e	\$2.960			
	Married filing joint or qualifying widow(er) \$261,664 Married filing jo	int head o	f hoi	isahald or		. 40		
	Head of household	ν(er)				4U .		
				line 40 to Form 54 luction on Form 5				
	in the instructions for Sch. CA (540), line 40.	ui SidilUdi(	ս սեն	idetion on Form 3	740, IIIIC 10.			

TAXABLE YEAR

2001

## **Depreciation and Amortization Adjustments**Do not complete this form if your California depreciation amounts are the same as federal amounts.

CALIFORNIA FORM

3885A

Name(s) as shown on return	Business or activity to which Form FTB 3885A relates  Social security number									
Part I Identify the activity as passive or nonpassive.	(See instructions.)									
1 ☐ This form is being completed for a passive activit		is being completed for a	nonpassive act	ivity						
Part II Election to Expense Certain Tangible Property	•									
2 Enter the amount from line 12 of the worksheet in the	,			2						
	(b)		(d)							
Part III Depreciation (a) Description of property placed in service	Date placed in service	(c) California basis for depreciation	Method	(e) Life or rate	<b>(f)</b> California depreciation deduction					
3	111 501 1100	Tor doproduction		1410	404401011					
A Add the constant Per 2 and may (2)										
4 Add the amounts on line 3, column (f)										
5 California depreciation for assets placed in service p										
Total California depreciation from this activity. Add the										
7 Total federal depreciation from this activity. Enter de										
<b>8 a</b> If line 6 is more than line 7, enter the difference										
<b>b</b> If line 6 is less than line 7, enter the difference h										
Part IV Amortization (a) Description of cost	(b) Date placed	(c) California basis	(d) Code F	(e) Period or	(f) California amortization					
amortizable	in service	for amortization	section pe	ercentage	deduction					
_9										
10 Total California amortization from this activity. Add t										
11 California amortization of costs that began before 20										
12 Total California amortization from this activity. Add t										
13 Total federal amortization from this activity. Enter an										
<b>a</b> If line 12 is more than line 13, enter the difference					l					
<b>b</b> If line 12 is less than line 13, enter the difference	e fiere and see mstruct			140						
TAXABLE YEAR		A 11 .			SCHEDULE					
California Capital C	iain or Los	s Adjustmen	IT							
2001 Do not complete this schedule if all of	your California gains (	losses) are the same as y	our federal gain	s (losses).	D					
(a)  Description of property (identify S corporation stock)	(b) Sales price	(c) Cost or other basis	Loss. If (c) is	mara than	(e) Gain. If (b) is more than					
Example 100 shares of "Z" (S stock)	Sales price	Cost of other pasis	(b), subtract (t	o) from (c)	(c), subtract (c) from (b)					
1a										
1b										
2 Net gain or (loss) shown on California Schedule(s) K	-1 (541, 565, 568, and	1 100S)	2							
3 Capital gain distributions (federal Form 1099-DIV, bo										
4 Total 2001 gains from all sources. Add column (e) at	·									
5 2001 loss. Add column (d) amounts of line 1 and lin										
6 California capital loss carryover from 2000, if any. So										
7 Total 2001 loss. Add line 5 and line 6										
8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10										
9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8; or										
(a) the loss of line 8 is a loss, effer the smaller of: (b) \$3,000 (\$1,500 if married filling a separate return). See instructions 9										
<b>10</b> Enter the amount from federal Form 1040, line 13.										
11 Enter the California gain from line 8 or loss from line										
<b>12 a</b> If line 10 is more than line 11, enter the difference					1					
<b>b</b> If line 10 is less than line 11, enter the difference					·					
a in mile to is 1635 than mile 11, effect the difference	, nore and on senedule	on to to or ottoinity, lille	, 10, 601. 0	124						